## REMARKS

The reference to an inlet in claim 1 has been cancelled, thereby overcoming the objection to the drawings in this respect. Reference to "aperture 34" in paragraph [0012] have been changed to "aperture 36", thereby removing duplication of reference numeral 34. Also, "duct" has been corrected to read "duck" in paragraph [0017] as required.

In the abstract, the word "said" in line two has been deleted, thereby overcoming the objection in this respect.

As indicated above, claim 1 has been amended to remove reference to a bag inlet valve. Claim 1 has also been amended to include the subject matter of previous claim 3, which has been cancelled.

Claim 1 as amended therefore specifies that the patient valve 16 has a one-way valve member 30 through which air flows in passing from the bag 10 to the patient, the patient valve 16 also having a passage 42 extending from the atmosphere to the interior thereof adjacent to the one-way valve member and upstream thereof through which medication can be injected into the air as it passes from the bag 10 to the one-way valve member 30, and the patient valve 16 causing air from the bag 10 to turn through approximately 90 degrees to pass through the one-way valve member 30 and the passage 42 being located so as to inject medication into the air in a direction substantially parallel to the direction flow of the air through the one-way valve member.

It is respectfully submitted that applicant's invention as claimed in claim 1 as now amended is clearly not suggested by Gray.

Gray teaches the injection of medication from nebulizer or aerosolizer 100 into connector arm 16 in a direction perpendicular to the flow of air to the one-way valve 19, which direction is opposite to the direction of air flow through the outlet 27 to the patient.

In contrast, in applicant's invention, the medication is injected into the air in a direction substantially parallel to the direction of flow of the air through the one-way valve member 30. Further, in applicant's invention, the patient valve causes air from the bag

10 to turn through approximately 90 degrees to pass through the one-way valve member

30 with the result that, as clearly seen in the drawings, the medication can pass through

the one-way valve member 30 and through the outlet tubular member 26 in a linear

direction directly towards the patient.

There is clearly no suggestion of such an arrangement in Gray. It is therefore believed

that claim 1 as amended is clearly allowable and that dependent claim 2 is consequently

allowable therewith.

It will be noted that Nelson et al. was cited to show a bag inlet valve. Since this feature

has been deleted from claim 1, it is not necessary to comment specifically on Nelson et

al.

The other prior art has been reviewed but is clearly not sufficiently relevant to warrant

detailed comment.

Favorable reconsideration and allowance of this application are therefore requested.

Respectfully submitted,

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